

**YELLOWSTONE COUNTY INTERDISCIPLINARY CHILD INFORMATION TEAM  
REQUEST FOR TEAM STAFFING**

File Number: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

DOB/Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Phone #: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Goals for Staffing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed Informed Consent: Yes/No \_\_\_\_\_

Enclosed: Yes/No \_\_\_\_\_

Case file and information reports enclosed: Yes/No \_\_\_\_\_

Int. \_\_\_\_\_

Names/Agencies (please include phone numbers if available) who should attend staffing:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

Approve for intervention staffing:

Yes/No \_\_\_\_\_

Disapprove for intervention staffing:

Yes/No \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date